



Printed on Recycled Paper  
20% Post Consumer Waste

B



POST OFFICE TO ADDRESSEE **EE897357979US**

ORIGIN (POSTAL USE ONLY)			
PO ZIP Code <b>99319</b>	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>	
Date In Mo. <b>8</b> Day <b>26</b> Year <b>98</b>	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage <b>\$ 10.75</b>	
Time In <b>2:37</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee	
Weight lbs. <b>5</b> ozs. <b>8</b>	Int'l Alpha Country Code	COD Fee	Insurance Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials <b>SW</b>	Total Postage & Fees <b>\$ 10.75</b>	

RECEIVED

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS

CUSTOMER USE ONLY	
METHOD OF PAYMENT: Express Mail Corporate Acct. No. Federal Agency Acct. No. or Postal Service Acct. No.	<input type="checkbox"/> <b>WAIVER OF SIGNATURE</b> (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee does that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery. <input type="checkbox"/> <b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday
FROM: (PLEASE PRINT) <b>Trust, Br. H. &amp; Ross</b> <b>United States &amp; International</b> <b>Intellectual Property</b>	TO: (PLEASE PRINT) <b>Box 2 Patent Application</b> <b>The Honorable Commissioner of</b> <b>Patent and Trademarks</b> <b>Washington, D.C. 20231</b>

FOR PICKUP OR TRACKING CALL 1-800-222-1811

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